**2039: Hemophagocytic Lymphohistiocytosis Pre-HSCT Data**

### Key Fields

<table>
<thead>
<tr>
<th>Sequence Number:</th>
<th>__________</th>
<th>__________</th>
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<th>__________</th>
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<th>__________</th>
<th>__________</th>
</tr>
</thead>
</table>

ELSE GOTO Date Received:

<table>
<thead>
<tr>
<th>Date Received:</th>
<th>__________</th>
<th>__________</th>
<th>__________</th>
<th>__________</th>
<th>YYYY</th>
<th>MM</th>
<th>DD</th>
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</thead>
</table>

ELSE GOTO CIBMTR Center Number:

<table>
<thead>
<tr>
<th>CIBMTR Center Number:</th>
<th>____________________________</th>
</tr>
</thead>
</table>

ELSE GOTO CIBMTR Recipient ID:

<table>
<thead>
<tr>
<th>CIBMTR Recipient ID:</th>
<th>____________________________</th>
</tr>
</thead>
</table>

ELSE GOTO Today's Date:

<table>
<thead>
<tr>
<th>Today's Date:</th>
<th>__________</th>
<th>__________</th>
<th>__________</th>
<th>__________</th>
<th>YYYY</th>
<th>MM</th>
<th>DD</th>
</tr>
</thead>
</table>

ELSE GOTO Date of HSCT for which this form is being completed:

<table>
<thead>
<tr>
<th>Date of HSCT for which this form is being completed:</th>
<th>__________</th>
<th>__________</th>
<th>__________</th>
<th>__________</th>
<th>YYYY</th>
<th>MM</th>
<th>DD</th>
</tr>
</thead>
</table>

ELSE GOTO Autologous

**HSCT type (check all that apply):**
- [ ] Autologous
- [ ] Allogeneic, unrelated
- [ ] Allogeneic, related
- [ ] Syngeneic (identical twin)
CIBMTR Center Number: ____ ____ ____ ____ ____  
CIBMTR Recipient ID: ____ ____ ____ ____ ____ ____ ____

<table>
<thead>
<tr>
<th>Product type (check all that apply):</th>
<th>Infusion Date:</th>
<th>CIBMTR Center Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marrow</td>
<td>Month</td>
<td>Day</td>
</tr>
<tr>
<td>PBSC</td>
<td>Month</td>
<td>Day</td>
</tr>
<tr>
<td>Cord blood</td>
<td>Month</td>
<td>Day</td>
</tr>
<tr>
<td>Other product</td>
<td>Month</td>
<td>Day</td>
</tr>
</tbody>
</table>

If Other product:= checked
THEN GOTO Specify:
ELSE GOTO If this is a report of a second or subsequent transplant, check here and continue with question 90.

Specify: __________________________
ELSE GOTO If this is a report of a second or subsequent transplant, check here and continue with question 90.

Hemophagocytic Lymphohistiocytosis Pre-HSCT Data

<table>
<thead>
<tr>
<th>Questions: 1-36</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 What was the date of diagnosis of Hemophagocytic Lymphohistiocytosis YYYY MM DD</td>
</tr>
<tr>
<td>ELSE GOTO (2) Is there a family history of hemophagocytic disorders?</td>
</tr>
<tr>
<td>2 Is there a family history of hemophagocytic disorders?</td>
</tr>
<tr>
<td>O yes</td>
</tr>
<tr>
<td>O no</td>
</tr>
<tr>
<td>O unknown</td>
</tr>
<tr>
<td>IF (2) Is there a family history of hemophagocytic disorders:= yes</td>
</tr>
<tr>
<td>THEN GOTO (3) Aunt(s) / uncle(s)</td>
</tr>
<tr>
<td>ELSE GOTO (8) Is there a family history of consanguinity (descent from common ancestors / inter-familial marriage)?</td>
</tr>
<tr>
<td>Specify affected member(s):</td>
</tr>
<tr>
<td>3 Aunt(s) / uncle(s)</td>
</tr>
</tbody>
</table>

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Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
CIBMTR Center Number: ___ ___ ___ ___ ___  CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ _

Cousin(s)
4  Cousin(s)
   O  yes
   O  no
ELSE GOTO (5) Sibling(s)

Sibling(s)
5  Sibling(s)
   O  yes
   O  no
ELSE GOTO (6) Other

Other
6  Other
   O  yes
   O  no
IF (6) Other := yes
THEN GOTO (7) Specify relationship:
ELSE GOTO (8) Is there a family history of consanguinity (descent from common ancestors / inter-familial marriage)?

Specify relationship: ______________________
ELSE GOTO (8) Is there a family history of consanguinity (descent from common ancestors / inter-familial marriage)?

Is there a family history of consanguinity (descent from common ancestors / inter-familial marriage)?
8  Is there a family history of consanguinity (descent from common ancestors / inter-familial marriage)?
   O  yes
   O  no
   O  unknown
IF (8) Is there a family history of consanguinity (descent from common ancestors / inter-familial marriage)? := yes
THEN GOTO (9) Describe:
ELSE GOTO (10) Anemia (hemoglobin < 10 g/dL)

Describe: ______________________
ELSE GOTO (10) Anemia (hemoglobin < 10 g/dL)

Specify the following clinical and laboratory features at diagnosis:
10  Anemia (hemoglobin < 10 g/dL)
   O  present
   O  absent
   O  unknown
ELSE GOTO (11) Fever (> 38.5 &deg C for > 7 days within 1 week of diagnosis)

Fever (> 38.5 &deg C for > 7 days within 1 week of diagnosis)
11  Fever (> 38.5 &deg C for > 7 days within 1 week of diagnosis)
   O  present
   O  absent
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Present</th>
<th>Absent</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Hepatomegaly</td>
<td>Hepatomegaly (&gt; 3 cm below right costal margin)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Hypertriglyceridemia</td>
<td>Hypertriglyceridemia (&gt; 200 mg/dL)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Hypofibrinogenemia</td>
<td>Hypofibrinogenemia (&lt; 150 mg/dL)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Neutropenia</td>
<td>Neutropenia (ANC &lt; 1.0 x 10^9/L)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Splenomegaly</td>
<td>Splenomegaly (&gt; 3 cm below left costal margin)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Thrombocytopenia</td>
<td>Thrombocytopenia (&lt; 100 x 10^9/L)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Neopterin level</td>
<td>Neopterin level</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Protein</td>
<td>Protein findings</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Specify the cerebrospinal fluid findings at diagnosis:
19 Protein
   O normal
   O elevated
   O not tested
   ELSE GOTO (20) WBC count findings

20 WBC count
   O <= 5 cells/UL
   O > 5 cells/UL
   O not tested
   ELSE GOTO (21) Evidence of hemophagocytosis

21 Was there evidence of hemophagocytosis in the cerebrospinal fluid at diagnosis?
   O yes
   O no
   O not tested
   ELSE GOTO (22) CNS abnormalities found

22 Were central nervous system (CNS) abnormalities found on computed tomography (CT or CAT) or magnetic resonance imaging (MRI) scans at any time prior to the preparative regimen?
   O yes
   O no
   O Unknown / not tested
   IF (22) CNS abnormalities found:= yes
   THEN GOTO (23) CT scan performed
   ELSE GOTO (28) Were there any clinical neurologic abnormalities at any time prior to the preparative regimen?

   Specify type of scan performed:
   23 CT
      O yes
      O no
   IF (23) CT scan performed:= yes
   THEN GOTO (24) Specify CT abnormality
   ELSE GOTO (25) Specify MRI performed

   Specify abnormality detected on CT: _______________________
   ELSE GOTO (25) Specify MRI performed

25 MRI
   O yes
   O no
   IF (25) Specify MRI performed:= yes
   THEN GOTO (26) Specify MRI abnormality
   ELSE GOTO (27) Report copy attached

   Specify abnormality detected on MRI: _______________________
   ELSE GOTO (27) Report copy attached

27 Is a copy of the report(s) attached?
   O yes
28 Were there any clinical neurologic abnormalities at any time prior to the preparative regimen?

- O yes
- O no
- O unknown

IF (28) Were there any clinical neurologic abnormalities at any time prior to the preparative regimen? := yes
THEN GOTO (29) Abnormal gait
ELSE GOTO (37) Was an infection documented at diagnosis?

Specify abnormalities:

29 Abnormal gait

- O yes
- O no

ELSE GOTO (30) Developmental Delay

30 Developmental Delay

- O yes
- O no

ELSE GOTO (31) Mental retardation

31 Mental retardation

- O yes
- O no

ELSE GOTO (32) Motor weakness

32 Motor weakness

- O yes
- O no

ELSE GOTO (33) Seizures

33 Seizures

- O yes
- O no

ELSE GOTO (34) Sensory deficits

34 Sensory deficits

- O yes
- O no

ELSE GOTO (35) Other

35 Other

- O yes
- O no

IF (35) Other := yes
Infection History at Time of Presentation with Disease

37 Was an infection documented at diagnosis?
   O yes
   O no
   IF (37) Was an infection documented at diagnosis? := yes
   THEN GOTO (38) Cytomegalovirus (CMV):
   ELSE GOTO (56) Bone Marrow

38 Cytomegalovirus (CMV):
   O yes
   O no
   IF (38) Cytomegalovirus (CMV) := yes
   THEN GOTO (39) Specify the test method used for diagnosis of CMV:
   ELSE GOTO (56) Bone Marrow

39 Specify the test method used for diagnosis of CMV:
   O culture
   O polymerase chain reaction (PCR)
   ELSE GOTO (40) Epstein-Barr virus (EBV):

40 Epstein-Barr virus (EBV):
   O yes
   O no
   IF (40) Epstein-Barr virus (EBV) := yes
   THEN GOTO (41) Specify the test method used for diagnosis of EBV:
   ELSE GOTO (46) Other infection:

41 Specify the test method used for diagnosis of EBV:
   O in situ hybridization
   O polymerase chain reaction (PCR)
   O serology
   IF (41) Specify the test method used for diagnosis of EBV := serology
   THEN GOTO (42) EBNA:
   ELSE GOTO (46) Other infection:

Specify titers:

42 EBNA:
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CIBMTR Center Number: ___ ___ ___ ___ ___
CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ 

Sequence Number: 
Today’s Date: 
Month | Day | Year

Infusion Date: 
Month | Day | Year

CIBMTR Center Number: ___ ___ ___ ___ ___
CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ 

- Klebsiella
- Lactobacillus (bulgaricus, acidophilus, other species)
- Legionella
- Leptospira
- Leptorichia buccalis
- Leuconostoc (all species)
- Listeria
- Methylobacterium
- Micrococcus, NOS
- Mycobacterium avium-intracellulare (MAC, MAI)
- Mycobacterium species (cheloneae, fortuitum, haemophilum, kansasii, mucogenicum)
- Mycobacterium tuberculosis (tuberculosis, Koch bacillus)
- Other mycobacterium, specify
- Mycobacterium, NOS
- Mycoplasma
- Neisseria (gonorrhoea, meningitidis, other species)
- Nocardia
- Pasteurella multocida
- Propionibacterium (acnes, avidum, granulosum, other species)
- Proteus
- Pseudomonas (all species except cepacia & maltophilia)
- Pseudomonas or Burkholderia cepacia
- Pseudomonas or Stenotrophomonas or Xanthomonas maltophilia
- Rhodococcus
- Rickettsia
- Salmonella (all species)
- Serratia marcescens
- Shigella
- Staphylococcus, coagulase negative (not aureus)
- Staphylococcus aureus
- Staphylococcus, NOS
- Stomatococcus mucilaginosus
- Streptococcus (all species except Enterococcus)
- Streptococcus pneumoniae
- Treponema (syphilis)
- Vibrio (all species)
- Multiple bacteria at a single site, specify bacterial codes
- Other bacteria, specify
- Suspected atypical bacterial infection
- Suspected bacterial infection
- Candida, NOS
- Candida albicans
- Candida guillermonti
- Candida krusei
- Candida lusitaniae
- Candida parapsilosis
- Candida tropicalis
- Candida (Torulopsis) glabrata
- Other Candida, specify
- Aspergillus, NOS

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Aspergillus flavus
Aspergillus fumigatus
Aspergillus niger
Other aspergillus, specify
Cryptococcus species
Fusarium species
Histoplasmosis
Zygomycetes, NOS
Mucormycosis
Rhizopus
Yeast, NOS
Other fungus, specify
Pneumocystis (PCP / PJP)
Suspected fungal infection
Herpes simplex (HSV1, HSV2)
Varicella (herpes zoster, chicken pox)
Cytomegalovirus (CMV)
Adenovirus
Enterovirus (coxsackie, echo, polio)
Hepatitis A (HAV)
Hepatitis B (HBV, Australian antigen)
Hepatitis C (HCV)
HIV-1 (HTLV-III)
Influenza, NOS
Influenza A
Influenza B
Measles (Rubeola)
Mumps
Progressive multifocal leukoencephalopathy (PML)
Respiratory syncytial virus (RSV)
Rubella (German Measles)
Parainfluenza
Human herpesvirus-6 (HHV-6)
Epstein-Barr virus (EBV)
Polyoma virus (BK virus, JC virus)
Rotavirus
Rhinovirus
Human papilloma virus (HPV)
Other virus, specify
Suspected viral infection
Toxoplasma
Giardia
Cryptosporidium
Other parasite, specify
Suspected parasite infection
No organism identified

IF (47) Specify other infection:= Other chlamydia, specify
THEN GOTO (48) If other organism, specify:
ELSE GOTO (49) Blood
IF (47) Specify other infection:= Other mycobacterium, specify

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THEN GOTO (48) If other organism, specify:
ELSE GOTO (49) Blood

IF (47) Specify other infection := Multiple bacteria at a single site, specify bacterial codes
THEN GOTO (48) If other organism, specify:
ELSE GOTO (49) Blood

IF (47) Specify other infection := Other bacteria, specify
THEN GOTO (48) If other organism, specify:
ELSE GOTO (49) Blood

IF (47) Specify other infection := Other aspergillus, specify
THEN GOTO (48) If other organism, specify:
ELSE GOTO (49) Blood

IF (47) Specify other infection := Other Candida, specify
THEN GOTO (48) If other organism, specify:
ELSE GOTO (49) Blood

IF (47) Specify other infection := Other fungus, specify
THEN GOTO (48) If other organism, specify:
ELSE GOTO (49) Blood

IF (47) Specify other infection := Other virus, specify
THEN GOTO (48) If other organism, specify:
ELSE GOTO (49) Blood

IF (47) Specify other infection := Other parasite, specify
THEN GOTO (48) If other organism, specify:
ELSE GOTO (49) Blood

48 If other organism, specify: ____________________________
ELSE GOTO (49) Blood

49 Blood
  O yes
  O no
ELSE GOTO (50) Cerebrospinal fluid (CSF)

50 Cerebrospinal fluid (CSF)
  O yes
  O no
ELSE GOTO (51) Urine

51 Urine
  O yes
  O no
ELSE GOTO (52) Tissue biopsy

52 Tissue biopsy
  O yes
  O no
IF (52) Tissue biopsy := yes
THEN GOTO (53) Specify tissue / site:
ELSE GOTO (54) Other body fluid

53 Specify tissue / site:
ELSE GOTO (54) Other body fluid

IF (54) Other body fluid:= yes
THEN GOTO (55) Specify fluid / site:
ELSE GOTO (56) Bone Marrow

ELSE GOTO (55) Specify fluid / site: __________________________

ELSE GOTO (56) Bone Marrow

Specify the site(s) where hemophagocytosis was documented at diagnosis:

56 Bone Marrow
  O present
  O absent
  O Not Tested
ELSE GOTO (57) CSF

57 CSF
  O present
  O absent
  O Not Tested
ELSE GOTO (58) Liver

58 Liver
  O present
  O absent
  O Not Tested
ELSE GOTO (59) Lymph nodes

59 Lymph nodes
  O present
  O absent
  O Not Tested
ELSE GOTO (60) Spleen

60 Spleen
  O present
  O absent
  O Not Tested
ELSE GOTO (61) Other site:

61 Other site:
  O present
  O absent
  O Not Tested
ELSE GOTO (54) Other body fluid

IF (54) Other body fluid:= Not Tested
THEN GOTO (63) What is the current natural killer cell function? (Refers to specific cytolysis of NK-sensitive target cells, e.g. K562.)
ELSE GOTO (62) Specify site of hemophagocytosis:

62 Specify site of hemophagocytosis: __________________________
ELSE GOTO (63) What is the current natural killer cell function? (Refers to specific cytolysis of NK-sensitive target cells, e.g. K562.)

63 What is the current natural killer cell function? (Refers to specific cytolysis of NK-sensitive target cells, e.g. K562.)
- Absent (<10% normal)
- Decreased (11-60% normal response)
- Normal
- Increased
- Not tested
ELSE GOTO (64) Was treatment given at any time prior to the preparative regimen?

64 Was treatment given at any time prior to the preparative regimen?
- Yes
- No
- Unknown

IF (64) Was treatment given at any time prior to the preparative regimen?:= yes
THEN GOTO (65) Cyclosporine:
ELSE GOTO (90) Was CNS disease quiescent (inactive) at any time prior to the preparative regimen?

85 Specify therapy and reason for therapy:
65 Cyclosporine:
- Yes
- No

IF (65) Cyclosporine:= yes
THEN GOTO (66) Given for induction/maintenance?
ELSE GOTO (68) Intrathecal methotrexate:

66 Given for induction/maintenance?
- Yes
- No
ELSE GOTO (67) Given for disease relapse?

67 Given for disease relapse?
- Yes
- No
ELSE GOTO (68) Intrathecal methotrexate:

68 Intrathecal methotrexate:
- Yes
- No
iphery (68) Intrathecal methotrexate:= yes
| CIBMTR Center Number: ___ ___ ___ ___ ___ | CIBMTR Recipient ID: ___ |___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ |

THEN GOTO (69) Given for induction / maintenance?
ELSE GOTO (71) IVIG:

69 Given for induction / maintenance?
  O yes
  O no
ELSE GOTO (70) Given for disease relapse?

70 Given for disease relapse?
  O yes
  O no
ELSE GOTO (71) IVIG:

71 IVIG:
  O yes
  O no
IF (71) IVIG:= yes
THEN GOTO (72) Given for induction / maintenance?
ELSE GOTO (74) Steroids

72 Given for induction / maintenance?
  O yes
  O no
ELSE GOTO (73) Given for disease relapse?

73 Given for disease relapse?
  O yes
  O no
ELSE GOTO (74) Steroids

74 Steroids
  O yes
  O no
IF (74) Steroids:= yes
THEN GOTO (75) Given for induction / maintenance?
ELSE GOTO (77) VP-16 / VM-26:

75 Given for induction / maintenance?
  O yes
  O no
ELSE GOTO (76) Given for disease relapse?

76 Given for disease relapse?
  O yes
  O no
ELSE GOTO (77) VP-16 / VM-26:
77 VP-16 / VM-26:
  O yes
  O no
IF (77) VP-16 / VM-26 := yes
THEN GOTO (78) Given for induction / maintenance?
ELSE GOTO (80) Other drug:

78 Given for induction / maintenance?
  O yes
  O no
ELSE GOTO (79) Given for disease relapse?

79 Given for disease relapse?
  O yes
  O no
ELSE GOTO (80) Other drug:

80 Other drug:
  O yes
  O no
IF (80) Other drug := yes
THEN GOTO (81) Given for induction / maintenance?
ELSE GOTO (84) Radiation therapy:

81 Given for induction / maintenance?
  O yes
  O no
ELSE GOTO (82) Given for disease relapse?

82 Given for disease relapse?
  O yes
  O no
ELSE GOTO (83) Specify other drug:

83 Specify other drug:

ELSE GOTO (84) Radiation therapy:

84 Radiation therapy:
  O yes
  O no
IF (84) Radiation therapy := yes
THEN GOTO (85) Given for induction / maintenance
ELSE GOTO (89) Was this therapy given following the HLH-94 protocol of the Histiocyte Society?
CIBMTR Center Number: ___ ___ ___ ___ ___  CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___

85 Given for induction / maintenance
   O yes
   O no
ELSE GOTO (86) Given for disease relapse?

86 Given for disease relapse?
   O yes
   O no
ELSE GOTO (87) Specify radiation field:

87 Specify radiation field:________________________
ELSE GOTO (88) Specify total dose:

88 Specify total dose:________________________ cGy
ELSE GOTO (89) Was this therapy given following the HLH-94 protocol of the Histiocyte Society?

89 Was this therapy given following the HLH-94 protocol of the Histiocyte Society?
   O yes
   O no
   O unknown
ELSE GOTO (90) Was CNS disease quiescent (inactive) at any time prior to the preparative regimen?

90 Was CNS disease quiescent (inactive) at any time prior to the preparative regimen?
   O yes
   O no
   O unknown
IF (90) Was CNS disease quiescent (inactive) at any time prior to the preparative regimen?:= yes THEN GOTO (91) Normal or stable CT or MRI of CNS
ELSE GOTO (96) Was systemic disease quiescent at any time prior to the preparative regimen?
IF (90) Was CNS disease quiescent (inactive) at any time prior to the preparative regimen?:= no THEN GOTO (91) Normal or stable CT or MRI of CNS
ELSE GOTO (96) Was systemic disease quiescent at any time prior to the preparative regimen?

91 Normal or stable CT or MRI of CNS
   O yes
   O no
   O unknown
ELSE GOTO (92) Normal CSF neopterin level

92 Normal CSF neopterin level
   O yes
   O no
   O unknown
ELSE GOTO (93) Normal CSF protein

93 Normal CSF protein
   O yes
CIBMTR Center Number: ___ ___ ___ ___ ___  CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

101 Normal triglycerides
   ○ yes
   ○ no
   ○ unknown
ELSE GOTO (102) Platelets > 100 x 10^9/L without transfusion

102 Platelets > 100 x 10^9/L without transfusion
   ○ yes
   ○ no
   ○ unknown
ELSE GOTO (103) Splenomegaly resolved (<= 3 cm below costal margin)

103 Splenomegaly resolved (<= 3 cm below costal margin)
   ○ yes
   ○ no
   ○ unknown
ELSE GOTO (104) Were there any signs of disease relapse / reactivation prior to HSCT?

104 Were there any signs of disease relapse / reactivation prior to HSCT?
   ○ yes
   ○ no
IF (104) Were there any signs of disease relapse / reactivation prior to HSCT?:= yes
THEN GOTO (105) Specify the date of the first relapse / reactivation:
ELSE GOTO (111) Anemia (hemoglobin < 10 g/dL)

105 Specify the date of the first relapse / reactivation:

ELSE GOTO (106) Specify the site of the first relapse / reactivation:

106 Specify the site of the first relapse / reactivation:
   ○ CNS
   ○ systemic
   ○ both
ELSE GOTO (107) Specify the date of the second relapse / reactivation:

107 Specify the date of the second relapse / reactivation:
   ○ Date of second relapse / reactivation not applicable
ELSE GOTO Date of second relapse / reactivation not applicable
ELSE GOTO (108) Specify the site of the second relapse / reactivation:

108 Specify the site of the second relapse / reactivation:
   ○ CNS
   ○ systemic
   ○ both
ELSE GOTO (109) Specify the date of the third relapse / reactivation:

109 Specify the date of the third relapse / reactivation:
   ○ Date of third relapse / reactivation not applicable

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ELSE GOTO Date of third relapse / reactivation not applicable

110 Specify the site of the third relapse / reactivation:
   O CNS
   O systemic
   O both

ELSE GOTO (111) Anemia (hemoglobin < 10 g/dL)

Specify the clinical and laboratory features just prior to the preparative regimen:
111 Anemia (hemoglobin < 10 g/dL)
   O yes
   O no
   O unknown

ELSE GOTO (112) Fever (> 38.5 &deg C for > 7 days within 1 week of conditioning)

112 Fever (> 38.5 &deg C for > 7 days within 1 week of conditioning)
   O yes
   O no
   O unknown

ELSE GOTO (113) Hepatomegaly (> 3 cm below right costal margin)

113 Hepatomegaly (> 3 cm below right costal margin)
   O yes
   O no
   O unknown

ELSE GOTO (114) Hypertriglyceridemia (> 200 mg/dL)

114 Hypertriglyceridemia (> 200 mg/dL)
   O yes
   O no
   O unknown

ELSE GOTO (115) Hypofibrinogenemia (< 150 mg/dL)

115 Hypofibrinogenemia (< 150 mg/dL)
   O yes
   O no
   O unknown

ELSE GOTO (116) Neutropenia (ANC < 1.0 x 10^9/L)

116 Neutropenia (ANC < 1.0 x 10^9/L)
   O yes
   O no
   O unknown

ELSE GOTO (117) Splenomegaly (> 3 cm below left costal margin)

117 Splenomegaly (> 3 cm below left costal margin)
   O yes
Thrombocytopenia (< 100 x 10^9/L)

What was the status of CNS disease just prior to the preparative regimen:

- active
- non-active, quiescent
- CNS disease absent at diagnosis

First Name: __________________________

Last Name: __________________________

Phone number: ________________________

Fax number: __________________________

E-mail address: ________________________